

MAR 30 2005

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL				Application No.		09/645,777																																																							
Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				Filing Date		August 25, 2000																																																							
				First Named Inventor		Houis et al.																																																							
				Group Art Unit		3679																																																							
				Examiner Name		Binda																																																							
				Attorney Docket No		206357																																																							
This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.																																																													
<p>1. Submission required under 37 CFR 1.114</p> <p>a. <input checked="" type="checkbox"/> Previously submitted</p> <p>i. <input checked="" type="checkbox"/> Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on March 2, 2005 (Any unentered amendment(s) referred to above will be entered.)</p> <p>ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on</p> <p>iii. <input type="checkbox"/> Other:</p> <p>b. <input type="checkbox"/> Enclosed</p> <p>i. <input type="checkbox"/> Amendment/Reply</p> <p>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)</p> <p>iii. <input type="checkbox"/> Information Disclosure Statement (IDS)</p> <p>iv. <input type="checkbox"/> Form PTO-1449</p> <p>v. <input type="checkbox"/> Copies of References listed in Form PTO-1449 (except for U.S. patents and applications)</p> <p>vi. <input type="checkbox"/> Other:</p> <p>2. Miscellaneous</p> <p>a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(i) required.)</p> <p>b. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>c. <input type="checkbox"/> Other:</p> <p>3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.</p> <p>a. <input checked="" type="checkbox"/> Please charge Deposit Account No. 12-1216 in the total amount indicated below. A duplicate copy of this transmittal sheet is enclosed herewith.</p> <p>i. <input checked="" type="checkbox"/> RCE fee of \$790.00 (large entity) required under 37 CFR 1.17(e)</p> <p>ii. <input type="checkbox"/> One-month extension of time fee of \$120.00 (37 CFR 1.136 and 1.17)</p> <p>iii. <input checked="" type="checkbox"/> Petition for an extension of time (including the period noted above, if checked), as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.</p> <p>iv. <input type="checkbox"/> Suspension of action fee of \$130.00 (37 CFR 1.17(i))</p> <p>v. <input type="checkbox"/> Other:</p> <p>vi. <input type="checkbox"/> Claim fee</p>																																																													
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<table border="1"> <thead> <tr> <th>CLAIM FEE</th> <th>CLAIMS REMAINING AFTER AMENDMENT</th> <th></th> <th>HIGHEST NUMBER PREVIOUSLY PAID FOR</th> <th>EXTRA CLAIMS PRESENT</th> <th>RATE</th> <th>ADD'L CLAIM FEE</th> <th>RATE</th> <th>ADD'L CLAIM FEE</th> </tr> </thead> <tbody> <tr> <td>TOTAL</td> <td></td> <td>MINUS</td> <td></td> <td>=</td> <td>x 25=</td> <td>\$</td> <td>x 50=</td> <td>\$</td> </tr> <tr> <td>INDEPENDENT</td> <td></td> <td>MINUS</td> <td></td> <td>=</td> <td>x 100=</td> <td>\$</td> <td>x 200=</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="4">FIRST PRESENTATION OF MULTIPLE CLAIM</td> <td>+ 180=</td> <td>\$</td> <td>+ 360=</td> <td>\$</td> </tr> <tr> <td colspan="8" style="text-align: right;">Claim fee total</td> <td></td> </tr> <tr> <td colspan="8" style="text-align: right;">Total amount to be charged to Deposit Account</td> <td>\$790.00</td> </tr> </tbody> </table> <p>b. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216</p>								CLAIM FEE	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE	TOTAL		MINUS		=	x 25=	\$	x 50=	\$	INDEPENDENT		MINUS		=	x 100=	\$	x 200=	\$	<input type="checkbox"/>	FIRST PRESENTATION OF MULTIPLE CLAIM				+ 180=	\$	+ 360=	\$	Claim fee total									Total amount to be charged to Deposit Account								\$790.00
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